

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/04/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 Individual Psychotherapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Psychiatry

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for 4 Individual Psychotherapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/11/12, 08/02/12
Reconsideration dated 07/23/12
Letter dated 08/13/12, 08/16/12
Patient face sheet dated 05/17/12
Individual psychotherapy treatment reassessment summary dated 06/27/12
Handwritten note dated 07/03/12, 06/13/12, 05/10/12
Operative report dated 04/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. He had right shoulder arthroscopy on 04/24/12. Individual psychotherapy treatment reassessment summary on 06/27/12 indicates that the patient has completed 6 sessions of individual psychotherapy. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, acute; and major depressive disorder, single episode, severe, without psychotic features. Current medications are Tizanidine (Zanaflex), Percocet, Lyrica, Flurazepam and Adderall. On 05/10/12 Dr. prescribed Cymbalta due to elevated psychosocial stressors and mood; however, the patient stopped taking it after 4 days due to adverse effects consisting of racing thoughts, agitation, dark bowel and unable to eat or drink. Pain level remains 9/10, irritability increased from 9 to 10/10, frustration from 9 to 10/10, muscle tension remained 9/10, anxiety remained 10/10, depression increased from 9 to 10/10 and forgetfulness remained 9/10. Sleep problems

decreased from 10 to 4/10. BAI increased from 40 to 48 and BDI remained 47.

Initial request for individual psychotherapy was non-certified on 07/11/12 noting that BDI is 47 which is significantly above even severely depressed persons, suggesting possible exaggeration of depression; possibly characteristic of histrionic or borderline personality disorders. There are no objective indications of progressive, clinically significant improvement from prior individual psychotherapy. Continuation of individual psychotherapy should be predicated on a formal assessment validating improvement in function. Reconsideration dated 07/23/12 indicates that the patient seems motivated to return to work when he can tolerate a full day of work. He no longer endorses suicidal ideations. He seems to be having trouble coping with this transition and is experiencing a delayed recovery.

The denial was upheld on appeal dated 08/02/12 noting that the claimant had 6 prior sessions of individual psychotherapy without sustained functional improvement. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstances that would support continued psychotherapy beyond the ODG guidelines which allows an initial trial of 6 visits and then "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)". Additionally, there are no objective indications of progressive, clinically significant improvement from prior individual psychotherapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines support ongoing individual psychotherapy with evidence of objective functional improvement. However, this patient has completed 6 sessions of individual psychotherapy without significant documented improvement. His pain level remains 9/10, irritability increased from 9 to 10/10, frustration from 9 to 10/10, muscle tension remained 9/10, anxiety remained 10/10, depression increased from 9 to 10/10 and forgetfulness remained 9/10. Sleep problems decreased from 10 to 4/10. BAI increased from 40 to 48 and BDI remained 47. The patient's Beck scales are exceedingly high and in the questionable range; however, there is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of his subjective complaints. Given the lack of significant progress with individual psychotherapy completed to date, the reviewer finds medical necessity does not exist for 4 Individual Psychotherapy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)